



NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM

(SEE BACK FOR INSTRUCTIONS)

For what purpose are you using this form?

New Registration Change to Profile Renewal

To which fiscal year does this form apply? 20 22

LOBBYIST:

Richardson Kentaura
Last Name First Name Middle

8680 Baymeadows Rd E Apt 312
Mailing Address

kentaura.richardson@iqvia.com
Email Address

Office Number Cell Number 615-500-9994

Lobbying Firm on behalf of which lobbyist is representing principal (if any)

Lobbying Firm's Mailing Address
Telephone Number

Do you have any direct or indirect business association, partnership, or financial relationship or live in the same household with or are related to any Broward Health Board Member, Board Committee Member, employee, or agent?

No Yes. State with whom and explain:

Have you ever been an employee of Broward Health? No Yes,

Title Date of Employment Date of Separation

Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?

No Yes, Date of Service Date of Separation

OATH

I do solemnly swear that all the foregoing facts are true and correct.

Original Signature of Lobbyist (handwritten signature)

Provide the names, business address, telephone number and area of interest of each principal represented.

PRINCIPAL #1 IQVIA CSMS US Inc
Principal Name
100 IMS Drive
Principal Mailing Address
Parsipanny, NJ 07054
866-267-4479
Principal Telephone Number
Pharmaceutical Services
Areas of Interest/General & Specific Subject Matter

PRINCIPAL #2
Principal Name
Principal Mailing Address
Principal Telephone Number
Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3
Principal Name
Principal Mailing Address
Principal Telephone Number
Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA
COUNTY OF Duval
Sworn to (or affirmed) and subscribed before me this 22 day of July, 2022 by Kentaura Richardson

Notary Public seal for Ala Boes, State of Florida, Commission # GG 915320, My comm. expires Dec. 8, 2023. Signature of Ala Boes.

Personally Known OR Produced Identification Florida DL
Type of Identification Produced Drivers License

Principal Authorization Form

Authorization to Represent the Principal

Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar year if the renewal form submitted by this lobbyist indicates "yes" to renew for the next year. Cancellation of a lobbyist's registration by the principal must be provided by written notice. Cancellation forms can be found at www.browardhealth.org

IQVIA CSMS US Inc.

Principal Name

hereby authorizes

KENTAURA RICHARDSON

Lobbyist's Name

Pharmaceutical Services

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Jaime Thompson

Print Principal Name / Principal's Representative

SVP & GM, CSMS & MedTech, U.S.

Print Title of Principal / Principal's Representative

1/13/22

Date

Attach this authorization to your registration form.